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|---|----------------------------|---|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |                            | Docket Number (Optional)<br>022956-0261   |
| Application Number<br>10/828,838-Conf. #5281  | Filed<br>April 20, 2004    |   |
| For NONWOVEN TISSUE SCAFFOLD  |                            |   |
| Art Unit<br>1647  | Examiner<br>C. M. Woodward |   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                            |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                            |   |
|   | <u>Fee</u>                 | <u>Small Entity Fee</u>                   |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130                      | \$65      \$ 130.00                       |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                      | \$245      \$ _____                       |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                     | \$555      \$ _____                       |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                     | \$865      \$ _____                       |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                     | \$1175      \$ _____                      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                            |   |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                            |   |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                            |   |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                            |   |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any underpayment, or credit any overpayment, to Deposit Account Number <u>141449</u> .                                |                            |   |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |                            |   |
| I am the <input type="checkbox"/> applicant/inventor.   |                            |   |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                            |   |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,664</u>  |                            |   |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                            |   |
| <u>/George A. Xixis/</u><br>Signature   |                            | <u>August 12, 2009</u><br>Date            |
| <u>George A. Xixis</u><br>Typed or printed name   |                            | <u>(617) 439-2000</u><br>Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                            |   |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                            |   |

**One Month Request for Extension of Time Under 37 CFR 1.136(a)**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: August 12, 2009  
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Signature: \_\_\_\_\_ /George A. Xixis / \_\_\_\_\_ (George A. Xixis)